



ALABAMA DEPARTMENT OF REVENUE
SALES, USE & BUSINESS TAX DIVISION
P. O. Box 327710, Montgomery, AL 36132-7710

ST: CRTS 6/99

OFFICE USE ONLY
AGGREGATE CHAIN NO.
ACCOUNT NO.

Application For A Cellular Services Tax License

PLEASE COMPLETE EACH LINE APPLICABLE TO YOUR BUSINESS.

YOUR LICENSE WILL NOT BE ISSUED UNTIL APPLICATION IS PROPERLY COMPLETED.

1. Federal Employer Identification Number (FEIN) _____

2. _____
Name of Person(s), Firm, Corporation, Association, Co-Partnership Making Application.

Doing Business As.

3. Mailing Address of Home Office _____
P.O. Box, Street and Number, or R.F.D.

City _____ County _____ State _____ Zip Code _____

4. Number of Businesses in Alabama _____.

Location _____
City _____ Street and Number or Hwy. _____ County _____

Location must be exact street number or, if on a highway or rural route, give details as to location. If you have more than one location, use schedule on back to list locations.

5. Check Appropriate Box:

☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Multi Member LLC ☐ Single Member LLC
☐ Limited Liability Partnership ☐ Other _____

If applicant is a corporation, a copy of the certified certificate of incorporation, amended certificate of incorporation, certificate of authority, or articles of incorporation should be attached. If applicant is a limited liability company or a limited liability partnership, a copy of the certified articles of organization should be attached.

6. Ownership Information

Corporations — Give name, title, home address, and Social Security Number of each officer.

Partnerships — Give name, title, home address, and Social Security Number or FEIN of each partner.

Sole Proprietorships — Give name, title, home address, and Social Security Number of Owner.

Limited Liability Companies — Give name, title, home address, and Social Security Number or FEIN of each member.

Limited Liability Partnerships — Give name, title, home address, and Social Security Number or FEIN of each partner.

7. Name of Former Owner of Business _____

8. Date Business Is to Begin Operation _____

9. Business Telephone Number (_____) _____ Home Telephone Number (_____) _____

(This application requires the signature(s) and title of the sole proprietor, each partner, an elected corporate officer, or a member.)

Signed _____ Signed _____

Title _____ Date _____ Title _____ Date _____

MAIL ORIGINAL AND ONE COPY OF APPLICATION TO THE ADDRESS ABOVE.

LOCATION MUST BE EXACT STREET NUMBER OR IF ON A HIGHWAY, GIVE DETAILS AS TO LOCATION.

(1)

City

Street and Number or R.F.D.

County

Location

(2)

City

Street and Number or R.F.D.

County

Location

(3)

City

Street and Number or R.F.D.

County

Location

(4)

City

Street and Number or R.F.D.

County

Location